

Frequently Asked Questions

Each individual practitioner in a group must enroll to receive a provider number.

Q: How long does it take to process an enrollment application?

A. The enrollment process should be completed within four to six weeks after we receive the complete application. Be sure to attach the supporting documentation required. Any omissions or missing forms will cause the application to be returned.

Q. Can I fax my applications for processing?

A. No. Applications must contain original, not copied signatures.

Q. Since I am a new applicant, what provider number should I enter on my EFT Agreement?

A. Leave the provider number blank. Affiliated Computer Services (ACS) will enter the provider number for new providers. An Electronic Funds Transfer (EFT) Agreement is required for all providers.

Q. Should I send my application via express or certified mail?

A. That would be your choice. Because of the volume of incoming mail, sending applications through certified mail helps to ensure proper delivery. It also serves as your proof of submission, provides a mechanism for tracking and guarantees quicker delivery. The mailing address is ACS Provider Enrollment Unit, 809 West Oak Street, McRae, GA 31055. Applications are processed in the order they are received.

Q: I am building a new facility. When should I submit my application?

A. You should submit an application when the facility is ready for business. The site has to be visited before your application can be approved.

Q: I was told that my application required a site visit. Why is that?

A. The Department conducts site visits to ensure that members receive quality care in a medical environment that provides easy access, clean treatment rooms and qualified staff. In the present environment, applications may be approved pending a future site visit.

Note: Facilities that are certified by the Department of Human Resources; Office of Regulatory Services will not be site audited by Georgia Medicaid.

Q. How will I be notified of my new provider number?

A. A system generated ACS notification letter is sent to the provider once the application is approved. The letter is mailed to the address listed on the application. Any corrections should be addressed to ACS immediately.

Q. Should I hold claims until I receive confirmation of my provider number?

A. Yes. The division will not reimburse you for services rendered before the effective date of enrollment. The effective date of enrollment is the first day of the month in which the application is received or the date of licensure/certification (whichever is later).

Q: My old provider number is closed. How do I get it re-opened?

A: If your number has been suspended for inactivity, you may submit a written request to re-activate the number. If your number has been terminated for inactivity (no claims filed for more than 16 months), then you must submit a new application package.

Q: I am an individual practitioner and have (or had) a provider number at one location. I am now going to work from another location or open my own practice. What forms do I need to submit?

A: You should submit an additional location application package. If you will no longer be working from your previous location, please notify Provider Enrollment of the effective date to close that previous number.

Q: I would like to review the contents of my provider file online?

A: You must first register for web portal access in order to review your provider files online. If you have a user name and password, log into your account then click on "View Account Information." If you do not have a user name and password, please download and complete the Web Portal Pre-Registration form from the "Documents and Forms" section of the GHP website.

Q: There has been a change to my practice information. What do I need to do to notify the Department of the change?

A: If your phone number(s), Legal name, Payee name, etc. changes, you will need to complete and submit a Change of Information form. You may also submit a change request online at www.ghp.georgia.gov. Log into your account then click on "View Account Information." Click on "Request Account Information Update" to submit changes to the provider file.

Q: My Company is buying an existing Medicaid provider. Will we need to apply for a new Medicaid number? (Facilities Only)

A: Any enrolled provider that becomes a different legal entity or is replaced in the program by another provider must give the Department at least 10 days prior written notice. Possible circumstances include dissolution, incorporation, re-incorporation, reorganization, change of ownership of assets, merger or joint venture.

At the same time, the successor provider must also submit a new Provider Enrollment Application package to become effective at the time of the change. Medicaid will require a new application package if the facility is required to submit a change of ownership application to Medicare.

Q: I am a Georgia Medicaid provider that is interested in submitting claims electronically. What is the procedure for signing up?

A: Please contact ACS EDI Gateway at (800) 987-6715, Monday – Friday 8:00am – 5:00pm or visit the website at <http://www.acs-gcro.com>.

Q: How can I receive my Remittance Advices electronically?

A: You must register to access your Payee Provider number on the website and request to change/update your Remit Medium to IDS.

Out of State Providers

The Department enrolls medical practitioners within 50 miles of the Georgia state border as in-state providers. Providers whose physical location is more than 50 miles from the Georgia border may be enrolled as Out-of-State providers under the circumstances outlined below.

Out-of-state providers may be reimbursed for covered services provided to eligible Georgia members while out-of-state if the claim is received within twelve months from the month of service, and if at least one of the following conditions is met:

- a) the service was prior authorized by the Division; or
- b) the service was provided as a result of an emergency or life-endangering situation occurring out of state.

Out-of-state claims submitted for reimbursement must have a copy of the authorization letter from the Department attached if services were prior authorized **or** medical justification if the services were due to an emergency or life-endangering situation. Requests for prior approval or questions regarding out-of-state services must be directed to:

Georgia Health Partnership
Out-of-State Unit
P. O. Box 7000
McRae, GA 31055

1-800-766-4456

Please request a Provider Enrollment Application or enrollment documents by one of the methods listed below:

Mail: ACS
Provider Enrollment Unit
Post Office Box 4000
McRae, GA 31055-4000

Phone: (800) 766-4456 or in metro Atlanta, (404) 298-1228

Download: <http://ghp.georgia.gov>, click on "Provider Information", then "Documents and Forms"

E-mail: <http://ghp.georgia.gov>, click on "Contact Us"

Or Apply

Online: <http://ghp.georgia.gov>, "Provider Information" then "Enroll as an Individual"

Facsimile: 1-866-309-0935